

# Utah Tier Two - Emergency And Hazardous Chemical Inventory - Specific Information by Chemical

Page \_\_\_\_ of \_\_\_\_ pages

<b>Facility Identification (Location)</b> Name: _____ Street: _____ City: _____ County: _____ State: ____ Zip: _____ SIC: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dun & Bradstreet # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Owner/Operator Information</b> Name: _____ Street: _____ City: _____ State: ____ Zip: _____ Phone: (____) _____	<b>Report Period</b> Jan. 1 to Dec. 31, 19____ <input type="checkbox"/> Check if information below is identical to the information submitted last year.
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<b>Emergency Contacts</b>	Name: _____ Title: _____ Phone: _____ 24 HR Phone: _____	Name: _____ Title: _____ Phone: _____ 24 HR Phone: _____
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CHEMICAL DESCRIPTION	Physical & Health Hazards	INVENTORY	Container Pressure Temperature	Storage Codes and Locations (Non-Confidential Locations)
CAS# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name: _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Pure</span> <span><input type="checkbox"/> Mix</span> <span><input type="checkbox"/> Solid</span> <span><input type="checkbox"/> Liquid</span> <span><input type="checkbox"/> Gas</span> <span><input type="checkbox"/> EHS</span> </div> EHS Name: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amt. (code) <input type="text"/> <input type="text"/> Avg. Daily Amt. (code) <input type="text"/> <input type="text"/> Number of Days On-Site	<div style="display: flex;"> <div style="margin-right: 5px;"> <input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/>  <input type="text"/><input type="text"/><input type="text"/> </div> <div>           _____            _____            _____            _____            _____         </div> </div>	
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<b>Certification</b> (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name _____ Title _____</span> <span>Signature _____ Date _____</span> </div> Name and official title of owner/operator OR owner/operator's authorized representative.	<b>Optional Attachments</b> <input type="checkbox"/> I have attached a site plan. <input type="checkbox"/> I have attached a list of site coordinate abbreviations. <input type="checkbox"/> I have attached a description of dikes and other safeguard measures.
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